AMERICAN INTELLIGENCE.

Case of Gastro-meningeal Irritation cured by Metastasis—forming Ecchymosis. By Samuel Jackson, M. D.—Mr. C. R. aged twenty one—light-coloured hair, fair, pale skin, nervoso-lymphatic temperament, was seized on Friday, 14th March, with head-ache, pain in back, loss of appetite, and thirst. These symptoms continued, unabated, but not sufficient to confine him to bed. Tuesday, 18th—had slight epistaxis, but received no relief. On Thursday, 20th—head-ache increased, with dimness of vision; I saw him this day, and found the pulse full and corded—tongue foul; advised venesection and pediluvium, with a cathartic, and restricted diet, but which was not attended to. In the night the helix of the lobe of each ear became of a deep purple colour—was ecchymosed. Friday, no abatement of symptoms—visited in the evening a friend, and while playing at loto, the hands suddenly became swoln, tense, and the fingers covered over with purple spots, similar to those on the ears. In the night, felt an unpleasant sensation in the end of the nose, which, in the morning, was considerably swoln—nearly double its usual size, and the lower half of a deep purple, approaching to black, from extravasated blood. Head-ache and the other uncomfortable feelings entirely dissipated. He has remained in better health than he had possessed for some time previous. The discolouration of the skin did not disappear for eight or ten days.

This case presents several interesting points—first, it offers an example of the manner in which the animal economy remedies its disorders. Gastric and meningeal disease existed, (thirst, loss of appetite, foul tongue, with head-ache, and dimness of vision,) which were immediately relieved by a metastasis to the end of the nose, attended with extravasation of blood into the substance of the skin.

Second, it furnishes an instance of misplaced hæmorrhage—and exhibits the connection between extravasations and hæmorrhages, and the identity of affections apparently having no analogy. Had the organic excitement, that was set up in the skin of the nose, occurred in an internal mucous surface, a hæmorrhagy would have resulted—epistaxis, hæmoptysis, or hæmatemesis, according to the surface whence it proceeded: or had it taken place in the cerebral structure, apoplexy and paralysis would have been produced. We perceive also, that as the phenomena of this case were excited by a simple gastric irritation, the diseases mentioned, analogous in their mechanism, so to speak, may have the same origin.

Third, the purple spots on the fingers and ears, were precisely similar to the petechiæ of malignant fevers, and which are caused in a like manner by a local hæmorrhage or extravasation into the skin.

Some account of the effects of the Respiration of Cool Air in Pulmonary Diseases. By Dr. C. Drake, of New York. Extracted from a letter to his friend, Dr. J. R. Smith, of Philadelphia.—"I have no medical intelligence to give you, except it be a plan I have devised for the treatment of pulmonary diseases. It consists in causing the patient to breathe *cool air*, while the cutaneous surface is maintained in a state of preternatural excitement, by placing him warm in bed or by enveloping his thorax with some stimulant application. I was led to the adoption of this means, by reflecting on the laws of sympathy, as inculcated by M. Broussais. That eminent physician contends, as you well know, that the sympathies between the skin, and mucous membrane of the primæ viæ are direct—that the stimulations of the one are directly repeated in the other; and he hence disapproves of the employment of blisters and other irritating applications to the abdomen, in gastritis, enteritis, &c. On the other hand, he says, that the sympathies between the skin and the mucous membrane of the lungs are reversed—whatever debilitates the former, and repels the blood from its texture, tends to irritate the latter, and produce a sanguineous congestion in the pulmonary organ, a preliminary condition of inflammation. If such be the case, one would naturally suppose that a rational mode of treating pulmonary inflammation, would be, to place the system as far as possible, in a condition the reverse of that which has produced the disease. I have accordingly submitted the plan to actual trial in a number of cases in the state prison of this city, and the beneficial effects that I have uniformly obtained, render me somewhat sanguine of the value of the remedy. I do not believe that it can be solely depended upon in the treatment of acute inflammations, but conjoined with other antiphlogistic means, it may become a powerful auxiliary. Neither do I expect it will prove a remedy for phthisis pulmonalis; for by the time the disease commonly receives this fatal appellation, the pulmonary tissue is so deeply altered and ruined, as to place the disease in very many cases beyond the control of medical agents; but I think it will be found to be of signal service in the early stages of these chronic inflammations. Surely, by creating a general revulsion to the external parts of the system, by means of external heat or other stimuli, and at the same time directly introducing into the inflamed lungs cold, which by its sedative properties is so efficient in allaying inflammatory irritation, and repelling the preternatural flow of blood from inflamed parts, we place the pulmonary organ in a condition well calculated to enable it to throw off the morbid action, and regain its healthy tone and functions. But facts are doubtless better than reasonings on this subject, and I will proceed to relate to you the way in which I submitted my patients to a trial of the remedy, and the results I have obtained from it.

"In order to excite and maintain the action on the surface of the body, the chest was enveloped in a vest padded with wool and lined with fur, and the patient covered warm in bed, or he was placed in a bath heated to 98°, and in this situation caused to inspire, through a tube, cool air brought from the external atmosphere, when the weather was sufficiently cold; otherwise, drawn from a reservoir in which it was cooled to about 40° of temperature, by means of ice. The operation was usually directed to be continued one hour, and repeated thrice a day; but the patients were frequently induced, from the benefit they thought they derived from it, to continue it much longer and to repeat it more frequently. They did not seem to receive any greater advantages from the warm bath than from the other mode of exciting external heat, and as its use was attended with much inconvenience, I have of late seldom employed it. The uncommon mildness of the past winter, prevented me from using air lower than 28° of temperature, which of course was raised a few degrees higher by the time it reached the mouth. None of the patients complained of such air being too cold. I found that when its temperature was not higher than 50°, it seemed to make a decided impression, and that about 40° is the temperature that answers the desired purpose very well. I have accordingly of late brought the air to that point; and, from many trials, have no doubt that from four to six quarts of ice, even in summer, will cool a sufficient quantity for a day's consumption.

"It is, I think, during the hot season, when the skin is constantly kept in an excited state, and the other secretory organs are in full play, that the remedy promises to be of more advantage in chronic inflammations than it can possibly be during the cold and variable weather of winter.

"The sensible effects produced by the remedy were tolerably uniform. When the temperature of the inspired air was not above 50° it invariably produced an agreeable sensation of coolness in the chest, occasionally with darting pains extending to the shoulders, which the patients referred to the external and muscular parts. On persisting in the use of the remedy for a long time and repeating it frequently, they sometimes complained of a sense of soreness and fatigue in the direction of the diaphragm, and sometimes also of fulness of the head and vertigo. The most constant effect on the pulse was to render it fuller: when it was preternaturally frequent, it commonly rendered it slower; in some instances diminishing it ten to twenty pulsations in a minute; in a few cases, however, especially where it was rather slow, it rendered it somewhat more frequent. It very generally mitigated the cough, diminishing its frequency more than one-half in the course of two or three days, and rendered the expectoration freer and easier, so that the patient would frequently throw it up almost without effort. The effects on the cutaneous function were not less decided: it diminished the morbid heat, and rendered the skin more pliable and pleasant to the feel. The patients that used the remedy to any extent complained continually of great hunger, and it was with difficulty that I restrained them to a moderate allowance of vegetable food.

"Heretofore, in order to give the remedy a fair trial, I have employed it unaided by other means than the observance of low diet, and the benefits resulting have been too uniform and decided to be merely accidental. In one recent case of catarrh, it completely removed the affection in twenty-four hours. In all the old pulmonary cases it has greatly alleviated the disease; and notwithstanding the unfavourable circumstances under which these patients are placed, it still seems to be rendering them service. In one case where the cough was almost incessant, I succeeded, in a few days, in allaying it so much as to enable the patient to sleep quietly all night, and his cough is now comparatively rare and trifling. In two cases of asthma, of many years' standing, the patients acknowledged that the remedy had afforded them more relief than any other means they had employed. The fulness of the pulse, the muscular pains, and the affection of the head, appear to indicate that the blood is diverted from the thoracic organ, and accumulated in other parts of the body. If such be the case, small and repeated venesections would render the effects of the revulsion from the lungs more permanent, and materially aid in removing the chronic engorgements.

"Dr. Binsse, the resident physician of the prison, has attended to the administration of the remedy, and taken copious notes of the progress of the cases, which I shall at some future day condense for publication.

"In my next letter I will describe the refrigerator and the other parts of the apparatus, that I have contrived, for the application of this new remedial agent."

Process for Nitric Ether, or Sweet Spirits of Nitre. By R. Hare, M. D. &c. &c. —This ether may be obtained in a diluted state, by distilling alcohol with diluted nitric acid, or with nitre and sulphuric acid. When sulphuric acid is used, the product is liable to consist, in part, of sulphuric ether.

Thenard informs us, that, to obtain pure nitric ether, equal parts of alcohol, and of the nitric acid of commerce, may be mixed and distilled with great caution; the product being passed into a series of Woulfe's bottles, the first empty, the others half filled with brine, and surrounded by a freezing mixture. As soon as the reaction commences, it increases rapidly, so that it is necessary to check it, by cooling the retort.

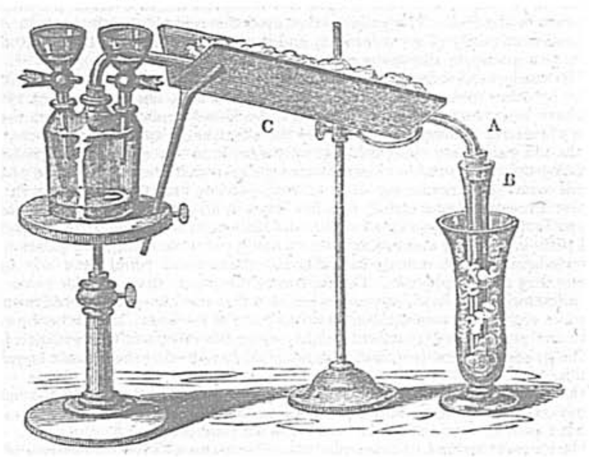
I subjoin an engraving and description of a method which I have contrived for generating nitric ether.

I am of opinion that it would be advantageous if the prescriptions of our physicians were made with a reference to ingredients of a high degree of purity. The physician should know how much real nitric, or sulphuric, ether is contained in the diluted article which he directs his patient to use. Hence pure nitric, or sulphuric ether, should be prescribed, adding as much alcohol or water as he may deem necessary. Agreeably to the present practice, it is in the power of manufacturing chemists to impoverish etherial preparations, with little danger of detection.

The formula for sweet spirit of nitre, in Brande's Manual of pharmacy, allows but three ounces of nitric acid to a quart of alcohol. According to Thenard, the quantity of ether, when the materials are in the ratio of equality, amounts to two-thirds of the weight of the acid. Hence it is probable that the quantity of ether produced, according to the formula alluded to, is not more than two ounces, or one-sixteenth of the alcohol.

It is worthy of inquiry, whether a mixture of pure nitric ether, and water, in the same proportion, would not be preferable in many cases.

Apparatus far the Generation of Nitric Ether.



Let a tube, A, at least three feet long, and tapering from three-fourths of an inch to one-half inch in diameter, be so bent at each end, that the larger may fasten air tight into the middle orifice, of a three-necked bottle, the smaller end entering another tube, B, standing nearly upright in a freezing mixture, in any convenient vessel. The tube A, must be so inclined, that any liquid condensing in it, must run into the tube B, and must be surrounded by a freezing mixture, supported about it, by the wooden trough C. It has been mentioned, that, into one of the orifices of the bottle, one end of the tube is to be inserted. Let each of the two other orifices be furnished with a glass funnel, with a glass cock. Having made these arrangements, pour through one of the funnels about as much strong alcohol as will cover the bottom of the bottle nearly a half inch in depth. Next, by means of the other funnel, cautiously add as much concentrated nitric acid, as will cause an active ebullition. When the boiling relaxes, add more acid, and repeat the addition till it ceases to renovate the ebullition. In like manner add more alcohol, till the evolution of vapour can no longer be excited in this way. Afterwards, resort may again be had to the acid. Meanwhile, the ether, generated by this process, will be condensed by the artificial cold in both tubes, and in consequence of their relative situation, will be deposited, in the liquid form, in the smaller tube only.

Without the aid of ice, refrigerating by cold water merely, I have obtained, by means of this apparatus, an ounce of nitric ether from two ounces of alcohol. Instead of the funnels I find it better to use two tubes surmounted by funnel-shaped mouths. The perforation in the tube for introducing the acid, should not be larger than a knitting needle. The perforation in the other tube, may be about the tenth of an inch in diameter.

Some Observations respecting the Oil of Wine. By R. Hare, M. D. &c. &c.—The oleaginous liquid, called oil, or sweet oil, of wine, which towards the termination of the process in making sulphuric ether, comes over separately, or in union with alcohol forming Hoffman's anodyne liquor, is alleged by Faraday and Hennel, to be a compound of carbon and hydrogen with sulphuric acid. During the process, an acid, which has been called the sulphovinic acid, is generated, and remains in the retort. This compound is represented by these skilful chemists, as containing the same quantity of sulphuric acid as the oil of wine, with only half as much carbon and hydrogen.

Thenard, who has not noticed this statement, represents the sulphovinic acid as a compound of hypo-sulphuric acid, with a peculiar vegetable matter; and that the oil of wine differs from ether only in containing less of the elements of water.

I find that when the oil of wine is mixed with the most concentrated nitric acid, a reciprocal decomposition ensues, and that the resulting liquid affords a precipitate with solutions of barytes, demonstrating the production of sulphuric acid, and consequently the presence of sulphur. This confirms the statement of Faraday and Hennel.

Whatever may be the composition of this oil, it appears medicinally to be a very important product, although not duly appreciated, in this respect, in England and France.

Brande alleges that it "is of no use in medicine." According to Thenard, sulphuric ether, united to alcohol, forms Hoffman's liquor.

I have the authority of my colleagues, Drs. Physick and Dewees, for asserting that a solution of the sweet oil of wine in alcohol, is highly "*useful in some disturbed states of the system in tranquillizing it, and disposing to sleep,*" being, in such cases, far preferable to, and very different in its effects from, a mixture of ether and alcohol.

Alcohol, containing this oil, produces a milky appearance with water, in consequence of the precipitation of the oil which is insoluble in water. This Dr. Physick had long remarked as an essential attribute of the genuine Hoffman's anodyne liquor. At one period, there was scarcely any to be found in the shops in this city, which possessed this essential characteristics, but the defect having been pointed out, has been corrected by some of our druggists.

In the old way of making sulphuric ether, a certain quantity of Hoffman's anodyne had always been obtained towards the close of the process; but a new process was introduced, agreeably to which, an additional quantity of alcohol being added, before the materials could reach the state of concentration requisite for producing oil of wine, the anodyne liquor ceased to be a concomitant product of sulphuric ether. Hence a mixture of ether and alcohol was used as a substitute for it.

Case of Salivation from the External Application of Tartar Emetic. By R. Eglesfeld Griffith, M. D.—J. M. æt. 50, was treated for hydrothorax and œdematous swellings of the lower extremities, by active depletion, and purging with crem. tart. and jalap, no mercurial preparation was used; he also was directed to use an external application of tart. ant. ointment to his breast. This he persevered in till a large crop of pustules were produced. Shortly after their appearance, his gums became sore, and a violent salivation ensued, which lasted for nearly two weeks: he used about ℥iss. of the ointment: it was made with ʒij. of tart. ant. ℥j. axung. He is now convalescent, his disease having gradually disappeared under the salivation. Dr. Jackson has also met with an instance in which salivation was produced by the external application of tartar emetic ointment.

Dislocation of the Os Humeri, with Fracture of the Neck of the Bone.—"Feb. 2, 1828.—Entered the Mass. Gen. Hospital a young man, who had had a severe injury in the arm, four weeks previous to this day. His arm had been caught in the strap of some machinery at Waltham, and torn out from its socket, and ths os humeri fractured at its neck, just on the outside of the joint. Dr. Adams being called, made some attempts at reducing the dislocation; but having no control of the head of the bone, on account of the fracture, he found it impracticable to make any impression on it. He therefore secured the fractured bone and waited till the third week, when, finding the bone united, he brought the patient to Boston, and took the advice of Dr. Warren as to the expediency of an attempt to reduce the bone, still out of its socket. Dr. W. thought that the union of the bone was too recent to bear the application of force sufficient to reduce the dislocation, and recommended to wait the expiration of four weeks before making an effort at reduction.

"At the end of this time he came into the hospital, and on examination the head of the os humeri was felt in the axilla. The neck of the bone appeared firmly united and somewhat enlarged by callus. The patient, a muscular young man of 19, was informed that a trial might be made to reduce the arm to its socket. That the success of the operation was uncertain; first, on account of the ossific matter thrown out near the articulation; second, the possibility of a separation of the fracture; and, third, the duration of the dislocation; which, though not always an insuperable difficulty, was so frequently. The patient wishing the trial to be made, was placed on a seat in the operating theatre. A sheet being passed round the body and a band over the scapula of the injured side, were confined by cords to a staple on the opposite side of the room. The pullies were then attached to the injured arm above the elbow, in a direction to draw a little above a horizontal line. All things being ready, Dr. Adams was requested to open a vein in the sound arm of the patient, and draw blood till he was faint. This being effected, the pullies were put in operation. The management of the scapula was committed to Dr. Hayward, assistant surgeon of the hospital. Then Dr. Warren, seizing the affected arm, operated with it as a lever, to break away the adhesions it had formed. The power of the pullies was gradually increased, and, with occasional intervals, but never any relaxation, was kept increasing for half an hour. The patient's courage was now exhausted, and he begged to be let alone. The power was increased till it required the strength of one person to draw the cord of the pullies. Now, the surgeon placed his knee under the head of the bone, used it as a fulcrum to raise the head of the os humeri from its place. The adhesions were heard to crack, and some fears were entertained that the fracture cracked also. The extending power was increased a little, and then suddenly relaxed, and the bone resting on the knee of the surgeon was thrown up, and came into its socket with an audible noise—to the great satisfaction of the patient; who at once recovered his arm and was released from his pain.

"Very little inconvenience followed the use of this violence. None of the exposed parts swelled, and in three days he left the hospital with the use of his arm restored."—*Boston Medical and Surgical Journal, No. I.* 1828.

Neuralgia cured by Excision of a portion of the Nerve.—Professor Warren relates in the Boston Medical and Surgical Journal three cases of neuralgia cured by excision of a portion of the nerves. We regret that we have not room in our present number for the details of these cases.

New Instrument for Applying Ligatures.—Dr. J. K. Mitchell has invented an instrument for the application of ligatures in fistula in ano, &c. We are promised a description and figure of it for our next number.

Transactions of the Medical Society of the State of New York, for the year 1828. *With the annual Address.* By T. Romeyn Beck, M. D. President of the Society.—The medical society of the state of New York, is vested with very extensive powers, which, if discreetly and wisely exercised, cannot fail to elevate the character of the profession, and benefit the public generally. We notice among the proceedings of the present year, the expulsion of a member for lending his support and sanction to the practice of an empiric—the proposal of a prize of one hundred dollars for the best essay on "the history, causes, and treatment of typhus fever"—some resolutions expressive of the opinion of the society, that the habitual use of ardent spirits is highly injurious, and that they will discourage its intemperate employment— the appointment of T. R. Beck, M. D. as a delegate to the national convention, to assemble in Philadelphia on the first Tuesday in May, for the purpose of proposing a more uniform system of medical education—and some other transactions of a private character.

Following the transactions is an appendix containing the revised statute concerning the medical profession; the by-laws of the society; classification of counties; resolutions requesting contributions to the medical prize fund; standing committee on by-laws of county medical societies; regulations concerning prize dissertations; schedule of donations to medical prize fund; and lists of members, of officers, and licentiates. The whole is concluded by the annual oration by the president T. Romeyn Beck, M. D. The address is on the subject of medical evidence, and like every thing from the pen of its talented author, exhibits considerable research and erudition, and is highly interesting and instructive.

Dewees's System of Midwifery.—Messrs. Carey, Lea & Carey have recently published a third edition of Professor Dewees's valuable System of Midwifery. This edition has been almost entirely re-written, and besides numerous additions to the subjects previously treated of, contains the following new chapters: On the Development of the Fœtus—On the Term of Utero Gestation—On the Cause of Labour—On Tedious Labour—On the Inversion of the Uterus, with four plates illustrative of its mechanism—On Presentations and falling down of the Umbilical Cord, with a plate—History of the Cæsarian Operation—On the Section of the Pubes—On the Secale Cornutum.

Boston Medical and Surgical Journal.—The New England Journal of Medicine and Surgery, and the Boston Medical Intelligencer have been united under the name of the Boston Medical and Surgical Journal. This Journal is published weekly, in numbers consisting of sixteen pages 8vo. and is conducted with great ability; the numbers we have received contain much interesting information.

Introductory Lecture delivered at the commencement of the Fourth Session of the Medical College of South Carolina. By Samuel Henry Dickson, M. D. Professor of the Institutes and Practice of Medicine.—We regret that our limits restrict us to a mere annunciation of the publication of this eloquent and interesting lecture.

Western Journal of the Medical and Physical Sciences.—Dr. Drake has withdrawn from the editorship of the Western Medical and Physical Journal, and proposes to edit a new Journal under the title of the Western Journal of the Medical and Physical Sciences. The well-known talents, erudition, and industry of Dr. Drake are a sufficient guarantee for the value of the proposed publication.

A System of Operative Surgery.—Professor Gibson is preparing for publication a System of Operative Surgery; it will be illustrated by numerous plates.

UNIVERSITY OF PENNSYLVANIA,

MARCH 27th, 1828.

At a Public Commencement, held this day at the Hall of the Musical Fund Society, the Degree of Doctor of Medicine was conferred upon the following gentlemen.

ALABAMA.	SUBJECT OF THESIS.
John A. Cowles,	*External Applications.*
CANADA.	
William Blumhart,	*Revulsion.*
Joseph Haller,	*Charbon provenant de la Contagion.*
NORTH CAROLINA.	
George S. Bettner,	*Ulceration of the Intestines.*
Edwin E. Slade,	*Trachitis.*
Armand J. De Rosset,	*Cynanche Trachealis.*
Harwood P. Perry,	*Acute Rheumatism.*
Henry M. Jeter,	*Mercurial Disease.*
William G. Hill,	*Erysipelas Facialis.*
Nathaniel M. Comer,	*Bilious Continued Fever.*
John L. Wright,	*Cholera.*
Reading S. Long,	*Acute Peritonitis.*
SOUTH CAROLINA.	
John A. Wragg,	*Indigestion.*
Lynch H. Deas,	*Strictures of the Urethra.*
Francis Johnson,	*Vermes Intestinorum.*
John M. Raiford,	*Acute Rheumatism.*
James T. Leckie,	*On the Process employed by Nature in suppressing Hæmorrhage.*
Evans L. Amacker,	*Cynanche Trachealis.*
James Jordan Vernon,	*Pathology of Hæmorrhage.*
DISTRICT OF COLUMBIA.	
James Jones,	*Diabetes.*
Charles G. English,	*Cathartics.*
DELAWARE.	
Alexander Wm. Reynolds,	*Cholera Morbus.*
Phocion P. Lewis,	*Hydrothorax.*
GEORGIA.	
John A. Urquhart,	*Dentition and Cholera Infantum.*
Wm. Woodson Waddel,	*State of the Biliary Secretion in Fever.*
Edward R. Ware,	*The Effect of the eighth pair of Nerves on Respiration and Digestion.*
Thomas J. Charlton,	*Melancholia and Hypochondriasis.*
James B. Walker,	*Topography, Climate, and Diseases of Burk county, Georgia.*
Paul F. Eve,	*Uterine Hæmorrhage.*
Reuben Y. Reynolds,	*Inversio Uteri.*
Stephen Bailey,	*Mercury.*
WEST INDIES.	
Jos. H. Robinson,	*Cornus Circinata.*
NEW JERSEY.	
Hudson S. Burr,	*Scarlatina.*
Joseph Pancoast,	*Erectile Tissue.*
Robert A. Hunt,	*Ascites.*
John B. Tuft,	*Delirium Tremens.*
Lewis B. Hunter,	*De Hydrope.*

Francis A. Ewing,	*Disguised Intermittent.*
Benjamin W. Blackwood,	*Derangements of Digestive Organs.*
Maurice Beesley,	*Euphorbia Ipecacuanha.*
William J. Johnson,	*Lithotomy.*
William M. Fenimore,	*Pertussis.*
John H. Stokes,	*Erysipelatous Inflammation.*
Joseph Warrington,	*Diseases in the western part of Burlington county.*
Charles Ellis,	*Bubonocele.*
KENTUCKY.	
John Wilson Hunt,	*Hæmorrhoids.*
MARYLAND.	
Charles W. Johnson,	*Aneurism from Anastomosis.*
John L. Dorsey,	*Pneumonia Biliosa.*
Thomas S. Herbert,	*Lithotomy.*
Burton Randall,	*On the Identity of Electricity and the Nervous Influence.*
John W. Anderson,	*Rubeola, or Measles.*
MASSACHUSETTS.	
Edward Staples,	*Opium.*
PENNSYLVANIA.	
Horatio N. Glentworth,	*Digitalis Purpurea.*
Jesse K. Bonsall,	*Phlegmasia Dolens.*
Aristide Rodrigue,	*Experiments on the use of the Ligature and Cupping-glasses in Poisoned Wounds.*
Robert Bridges,	*Neuralgia.*
Anthony C. Percival,	*Aneurism.*
Samuel Stones, Jr.	*Nature and Properties of the Blood.*
George Fox, Jr.	*Colic.*
Charles Willing,	*On the primary seat of Disease in Fever.*
Andrew E. Kennedy,	*Rheumatism.*
William Whelan, Jr.	*Moxa.*
William S. Zantzinger,	*Erysipelas.*
George Spackman,	*Hydrothorax.*
Uselma A. Clarke,	*Cynanche Trachealis.*
Robert Rogers,	*Hæmorrhoidal Diseases.*
Henry Umstad,	*Acute Hepatitis.*
Joshua Rhoads,	*On the Circulation of the Blood.*
Hiram Corson,	*Tetanus.*
Charles H. Bessonett,	*Pertussis.*
George Clymer, Jr.	*On Causes of Epidemic Diseases.*
Jacob P. Thornton,	*Cholera Infantum.*
Charles Evans,	*Rheumatism.*
John B. Dick,	*Hirudo Medicinalis.*
Edward Chandlee,	*Hæmoptysis.*
Adam R. Stouch,	*Inversio Uteri.*
John W. Reese,	*Amenorrhœa.*
Israel T. Smith,	*Hepatitis.*
Caspar Wistar Pennock,	*Experimental Researches on the efficacy and modus operandi of Cupping-glasses in Poisoned Wounds.*
Jehu G. Peters,	*Amenorrhœa.*
Benjamin C. Tomlinson,	*Case of Luxated Hip Joint.*
William B. Watson,	*Puerperal Fever.*
Henry L. Aitkin,	*Jaundice.*
Jeremiah F. X. M‘Credy,	*Miasmata.*
George Kuhn,	*Dysentery.*
William L. Vanhorn,	*Dysentery.*
Jacob Wagenseller,	*Epidemic of Bucks county.*

Solomon Temple,	*Hydrorachitis.*
William M. Fahnestock,	*Myrica.*
Gideon G. Palmer,	*Hæmorrhoids.*
Enoch P. Hoopes,	*Hepatitis Acuta.*
Robert Morton,	*Colica Pictonum.*
Charles Pearson,	*Gonorrhœa.*
Alexander H. Barnitz,	*Acute Rheumatism.*
Nathaniel B. Goodman,	*Functions of the Lungs.*
Henry C. Pratt,	*Amputation.*
RHODE ISLAND.	
Samuel B. Tobey,	*Opium and its Officinal Preparations.*
TENNESSEE.	
Reuben A. Gentry,	*Fractures, Dislocations, and Gun Shot Wounds.*
Robert N. Strong,	*Extirpation of the Parotid Gland.*
VIRGINIA.	
James H. Gregory,	*Bilious Fever.*
Francis R. Gregory,	*Strictures of the Urethra.*
Andrew Barclay,	*Empyema.*
Jos. G. Gray,	*Digestive Mucous Membrane.*
Henry Myers,	*Paralysis.*
Frederick Horner,	*Altered condition of the Tongue in Disease.*
Samuel P. Byrd,	*Hepatitis.*
James T. Barclay,	*Saccharine Matter.*
Littleberry G. Wynn,	*Smyrnium Trifoliatum.*
John R. W. Dunbar,	*On the Structure, Functions, and Diseases of the Nervous System.*
George Stubblefield,	*Fractures of the Extremities.*
William Collins,	*Mania à Potu.*
Frederick W. Harrison,	*Amenorrhœa.*
Peyton R. Berkeley,	*Injuries of the Head.*
George W. Tinsley,	*Deranged Menstruation.*
James T. Boyd,	*Cynanche Trachealis.*
William W. Carrington,	*Hydrophobia.*
Richard B. Alexander,	*On Juniperus Sabina, and Juniperus Virginiana.*
James B. Maclin,	*On the resemblance and means of distinguishing Chronic Hepatitis and Tubercular Consumption.*
Robert Braden,	*Remittent Fever.*
Thomas E. Spencer,	*Gonorrhœa.*
Joel B. Sturdivant,	*Acute Hepatitis.*
Theophilus Meade,	*Mercurial Salivation.*
Hughart Montgomery,	*Wounds of the Articulations.*
Augustus G. D. Roy,	*Hepatitis.*
Thomas W. Bass,	*Icterus or Jaundice.*
William T. Maclin,	*Use of Iodine in Bronchocele.*
Thomas Parham,	*Cholera Infantum.*
William Finney, Jr.	*On the process adopted by Nature, in the restoration of wounds and other injuries of the Human System.*
John Batte,	*Intermittent Fever.*
Henry Lee Heiskell,	*Extra-Uterine Pregnancy.*
James C. Hazlewood,	*Acute Gastritis.*
NEW YORK.	
William N. Duane,	*Purulent Ophthalmia.*
Charles G. Fowler,	*Tubercular Phthisis.*

TOTAL, 133. W. E. HORNER, *Dean.*

COLUMBIAN COLLEGE IN THE DISTRICT OF COLUMBIA.

The third Annual Commencement of the Medical Department of this Institution, was held on the 12th of March, 1828. The following is a list of the graduates, and the subjects of their inaugural theses:—

Joseph S. Baker, of Georgia, *on Inflammation.*
Joseph Borrows, of the District of Columbia, *on the Pathology of the Mucous Membranes.*
John A. Bulfinch, of Massachusetts, *on Tetanus.*
Silas L. Condict, of New Jersey, *on Digestion.*
Robert A. Cony, of Maine, *on the Stimulus of Distention.*
John F. Edmonds, of Virginia, *on Morbid Sensibility of the Seminal Organs.*
Alexander M'D. Davis, of the District of Columbia, *on Chorea Sancti Viti.*
Charles W. Davis, of the District of Columbia, *on Puerperal Fever.*
Charles M'Lean, of the District of Columbia, *on Humoral Pathology.*
Harvey Lindsley, of New Jersey, *on Scrofula.*
William N. Waters, of the District of Columbia, *on the Use of Oleum Terebinthinum.*
Noble Young, of the District of Columbia, *on Marsh Miasma, as producing Fever.*

F. MAY, *Dean.*

CENTRAL MEDICAL SOCIETY OF GEORGIA.

The Central Medical Society of Georgia, instituted for the promotion of medical science and its collateral branches, was organised in December last.

The following officers were elected for the ensuing year:—

MILTON ANTONY, M. D. *President.*
S. BOYKIN, M. D. }
W. P. GRAHAM, M. D. } *Vice Presidents.*
ALEXANDER JONES, M. D. *Recording Secretary.*
BENJAMIN A. WHITE, M. D. *Corresponding Secretary.*

Dr. Alexander Jones was appointed to deliver the annual oration before the Society at its next session.

A committee consisting of Drs. Jno. Walker, J. Dent, S. Boykin, and B. A. White, were appointed for the purpose of framing a code of medical ethics, with a view to publication, and to report at the next annual meeting.

A constitution and by-laws, containing the usual provisions of such codes, were adopted for the government of the Society.

NECROLOGY.

Died on the 19th of November, 1826, at Lexington, Georgia, Dr. Joel Abbott, aged sixty years.

Dr. Abbott was born at Ridgefield, Connecticut, on the 17th of March, 1766. At the early age of ten, he had the misfortune to lose his father, a practitioner of medicine, of great benevolence and liberality, and who died young, and left his family in very indigent circumstances. The support of a mother and two sisters soon devolved upon the subject of this notice, and he performed this duty with the utmost affection. His early thirst for knowledge was strongly marked, but his surviving parent and friends could afford him no assistance in gratifying it. Nature, however, had endowed him with a bias for learning, too strong to be overcome by the barrier of unpropitious circumstances. It is stated that he would, during the summer, labour to procure funds to spend in the winter on his education; and that he often studied arithmetic by fire-light. After thus acquiring, by unwearied industry, the rudiments of an education, he commenced the study of medicine in his native town, with Dr. Perry. After qualifying himself for practice, by the best aids the country in which he resided afforded, he commenced the active duties of the profession in conjunction with Dr. Belcher. On dissolving his connection with that gentleman, he received from him, and also from Dr. Amos Mead, a very flattering certificate of his qualifications as a medical practitioner. About the year 1790, Dr. Abbott arrived in Georgia in very indigent circumstances, and settled in Columbia county, but soon removed to Wilkes county, where he commenced practice, in the year 1794. His uniform urbanity, politeness, and close attention to the duties of his profession, soon gained the affections and esteem of the inhabitants, and obtained for him an extensive and lucrative business, which he continued to enjoy for fifteen or sixteen years. During this period he never relaxed his characteristic fondness of study. Possessing a sound judgment, cultivated by extensive reading, and with a retentive memory, it is not surprising that he should attain great eminence in his profession. He was consulted by wealthy families, thirty and forty miles from his residence; and displayed in the treatment of many chronic diseases uncommon skill. He was extremely liberal, and appeared to practice medicine, not so much for the emoluent it afforded, as for the pleasure of dispensing its benefits to the sick and distressed; therefore, notwithstanding his extensive practice, he never realized more than a comfortable subsistence. When his friends desired to know why he did not accumulate more, he said, experience had convinced him that a large patrimony was not the best inheritance to leave children.

His reputation as a physician, and his cheerful and engaging conversation, attracted a great number of students, and a large proportion of the respectable practitioners now scattered over Georgia, received the rudiments of their medical education under him, and no doubt entertain a grateful recollection of his memory.

To young practitioners he was always kind and attentive. To encourage them—to impart to them every information in his power—and to advise them with regard to their pursuits and best interests, seemed to afford him delight. This kind conduct, and his amiable manners, rendered him universally beloved.

In the year 1809, the popular voice, in a manner scarcely to be resisted, fixed upon Dr. Abbott as a representative in the state legislature, in which office he was continued for seven years. In 1816, he was elected a member of congress, and was retained in that situation for eight years, when his infirm state of health induced him to resign. As an evidence of his popularity it may be stated, that at a time when party spirit ran very high, and it was supposed by his friends that he would lose his election, especially as he stood aloof from all electioneering schemes, he received a greater number of votes than any of the seven members elected except one.

In the year 1820, he was appointed by the Georgia Medical Society a delegate to assist in forming a national pharmacopœia.

Towards the close of 1825, and beginning of 1826, his health began to decline, and he expired in November of the latter year.

He has left few MS. writings, except an account of his investigations respecting magnetism, and some sketches on political subjects.

His life furnishes a striking instance of what genius, aided by industry, can accomplish, and affords encouragement to those who in the pursuit of literary honours, have to contend against the chilling blasts of poverty.

A. J.

EXTRA-LIMITES.

PROCEEDINGS OF THE MEDICAL SOCIETY.

Report of the Committee of the Philadelphia Medical Society appointed to collect facts in relation to the recent occurrence of Small-Pox in this City.

It having been currently reported that several members of the medical profession had lost their confidence in vaccination to such a degree, as to render them willing to recur to the practice of inoculation, and considering the highly important interests likely to be affected by such a rumour, the undersigned were appointed, on the 16th of February, a committee to collect facts in relation to the recent occurrence of small-pox in this city, and report to the society. Accordingly, on the 18th of February last, they issued a printed circular addressed to several physicians of Philadelphia, of which they submit the following copy:—

Sir,

Having been appointed a Committee from the PHILADELPHIA MEDICAL SOCIETY to collect facts in relation to the recent occurrence of SMALL POX, we have taken the liberty to request of you an answer to the following queries:—

1. Have any cases of genuine Small-Pox, subsequent to Vaccination, come under your *personal* notice?
2. In such cases, what reasons have you for believing that Vaccination was properly performed?
3. How many cases of deaths from modified Small-Pox have come under your *personal* notice, and what were the circumstances attending such deaths?
4. How many cases of small-pox subsequent to previous inoculation or natural small-pox have come under your *personal* notice?
5. In the last set of cases have any and how many deaths occurred?
6. Have any facts come under your *personal* notice, tending in any degree to weaken your confidence in the efficacy of vaccination as a preservative against the *fatal effects* of small-pox?

An immediate reply to the above queries will confer a very great favour on

Yours respectfully,

EDWARD JENNER COXE,
D. FRANCIS CONDIE,
CH. D. MEIGS.

It will be seen, by reference to dates, that a very prompt and kind attention was paid to the above queries by a considerable number of medical pactitioners, whose opinions are entitled to the respect and confidence of this community and the profession at large: among these, we might enumerate several gentlemen, who at an early period rendered the most signal services to the cause of vaccination, and who in the progress of an enlarged experience, and with a more mature judgment, have not lost any part of their confidence in its antivariolous efficacy.

Your committee will not refrain from an expression of thanks to the gentlemen who have so kindly, out of respect to the Medical Society, co-operated in this investigation; this promptitude on their part has been a source of heart-felt satisfaction, not a little increased by the proofs contained in their letters of unanimity as to a great and beneficent doctrine, which, tending to avert one of the most deadly of human evils, deserves, like the doctrines of religion and liberty, the warm support and cordial acceptance of every enlightened citizen. This unanimity so consoling to the friends of vaccination could not have existed, had the doctrines of Jenner depended on unsubstantial hypotheses for their only basis and confirmation.

Although the history of vaccination is a history of its uniform and ascendant progress over all obstacles, whether of ignorance, prejudice, or avarice, there have always been those, who, unwilling or unable to survey the whole subject, which ought to carry conviction to every judgment, have preferred to rely on their own limited experience of a few doubtful exceptions and reject the boon of Jenner, rather than yield assent to a mass of evidence such as has scarcely ever been accumulated in any other department of human investigation. The doubts, hesitancy, and fears of such individuals ought not, and it is believed will not, prevent the extension and ultimate triumph of vaccination; when the variolous contagion, like the Jewish leprosy, shall cease to deform and destroy the race of man. The dogma of Willis, "Convenit enim homini omni, soli et semel, variolis aut morbillis affici," has already ceased to be true or accepted, however true it might have been anteriorly to the researches of Jenner.

Notwithstanding that the anxiety of the public mind and of a very few physicians, in relation to the prevailing varioloid affections, may appear to derive some grounds from the number of persons who subsequent to vaccination have sustained an attack, your committee find it difficult to conceive of the necessity for stronger evidence in favour of the vaccine than is already in the hands of the people. What corroboration in fact is necessary or possible, where it is admitted on the experience of half a century, that millions of lives have been preserved; that variola has from some countries been wholly exterminated, and in most parts of the globe disarmed of its dangers and deformity; that thousands of individuals, protected by its means, have been inoculated, and with impunity exposed to the concentrated contagion of small-pox; in fine, since the growing lights of experience and philosophy teach both reason and the senses that the doctrine of Jenner is incontrovertibly true?

But the public mind, in all the concerns of health, derives its impress, in a great measure, from that of the medical profession, and it is true, that some individuals in this city have freely expressed their doubts and apprehensions in relation to varioloid susceptibility. The ignorance of the public in relation to the laws of the vital actions is not a matter of astonishment or a subject of censure: and the alarm so naturally created by the occurrence of a severe varioloid eruption can only be allayed by the soothing and confident voice of the physician: but that the latter also should take the alarm, and concur in giving wings to rumour, is a circumstance most deeply to be regretted.

It is scarce necessary to state to the society, that this can only arise from imperfect or erroneous views of the power of certain causes to modify, and that permanently, the physical constitution of man.

The proposition to be solved in the premises is not, whether any cause can so change the *structure*, *irritability* and *sensibility* of the living tissues as to incapacitate them from suffering a second impression from a similar cause; for there is no physiologist who will deny the affirmative to be true. Mankind wish to know whether vaccina can so change the structure or properties of the tissues, as to render them unsusceptible of the impressions of variola. This is the question which agitates the public mind: *Shall we be safe from small-pox if we are vaccinated?* The committee, willing to leave out of the question all the testimony of Europe, Asia, Africa, and the by-gone experience of the whole United States, are prepared to answer, from the documents now on the table, yes:—these documents prove it incontestibly. The society will hear them in a subsequent part of this report.

Who doubts that measles, once suffered, incapacitates that individual, in all future time, from undergoing the same pathological state? And yet what practitioner of a few years' standing, has not witnessed a second attack of rubeola? Is not the same thing true as regards parotitis, varicella, scarlatina, pertussis, &c.? Confessedly, these diseases have been known to attack a second, and even a third time, in numerous instances, ever since they first became the subjects of medical history, and this too, without invalidating the truth of, or preventing the public reliance on the general rule, *that an attack is only sustained once by each individual.*

If this point be conceded, it may be used as an unanswerable argument against those who have so causelessly abandoned their faith in the guardian power of vaccination; for it shows that exceptions to the modifying power occur in all diseases.

The constitutions of men being not all alike, one individual may suffer severely with an undoubted rubeola or variola, without undergoing that perfect and exempting modification which, in another, is effected by a much slighter attack—hence, we not very unfrequently find that individuals, (as in the patients noticed by Dr. Otto and Dr. Condie,) who are deeply pitted from the pustular suppurations of small-pox, are attacked a second time, while those, on whom the arrows of pestilence left not a single trace, escape a second assault entirely, though frequently and openly exposed to the contagion. In this place we may take occasion to say, that it is probable that greater malignity of the virus or miasma will be found to occasion a renewed attack in those partially protected constitutions which, under its ordinary ratio of intensity, would have remained wholly undisturbed. And such an hypothesis may be reasonably adduced in explanation of the more frequent occurrence of varioloid disease since the epidemic constitution first manifested itself in Scotland. Not only has it been proved that the human constitution is susceptible of such modification of textural or vital properties by the *contagious diseases*, it has been clearly shown in Germany, that even *medicinal plants* are capable of withdrawing us from the influence of these contagions: thus, belladonna, which in certain doses produces a scarlet efflorescence or inflammation of the skin, is habitually resorted to by many practitioners in that country, to anticipate, as by a substituent and safe inoculation, the more dangerous or mortal assault of scarlatina; a practice by means of which many lives have already been rescued from a premature termination. This homœopathic practice is but a result of the original proposition of Dr. Jenner.

Jenner's immortality is due to this, that he first invented and successfully practised the art of substituting a mild and safe *animal poison*, to effect that modification of the constitution which previously had only been produced by a harsh and often mortal one.

Your committee will not here use arguments to prove that vaccina is a substitute in this operation for small-pox; or that it produces, without pain or hazard, an equal, if not superior, protective modification of the physical constitution. They leave this question to be again decided on a review of our correspondence, as it has already been for the millionth time in various parts of the globe.

Much of the hesitation and error at present prevailing among us has arisen from the circumstance, that the early friends of vaccination, like those of inoculation, believed and boasted too much: they boldly asserted that vaccination was a perfect safeguard in all cases; and that, too, in the face of numerous facts, demonstrably proving that the most violent course of small-pox could not always withdraw the sufferer from the power of a second infection. It is not surprising that the enemies of vaccination should have seized upon the exceptions, to show that, as a part of the doctrine was untrue, the whole might or must be so. Such is actually the state of things in this city; and it seems to us that if the public could be once completely enlightened as to the *real* degree of efficacy, these exceptions would weigh not a feather against the general tenor and amount of our success, absolute and perfect. Mr. James Moore, author of the histories of vaccination and small-pox, admits that he had been one of these assertors of indiscriminate success, and notices the ill effect of such mistakes, but he reformed, and corrected his error, as most enlightened persons have done beyond the Atlantic. The miserably lean and meagre state of the medical press in this country, which has given us no copy of those works, and many others on the same subject, must be charged with the perpetuation of the error on this side of the ocean; else it would be incredible that so many years of experience and such reiterated announcements should have left any part of the profession in ignorance of their mistake. If the public had been told how far they could rely, they would never have been disappointed.

The varioloid epidemics have produced, it is said, a larger amount of exceptions than had been noticed previously to their occurrence in Scotland and England, where they appeared first about the year 1813, and where they excited the wonder and astonishment of the people, who had so long rested in a confident and undisturbed security under the guardianship of the vaccine.

Your committee are not disposed to deny, that since the year 1813 a far greater number of vaccinated persons have been attacked by a mild and modified small-pox, than had antecedently to that year been affected by it; but this circumstance, which has occasioned such great consternation and fear, will, on a candid inquiry, be seen to redound greatly to the credit and promotion, instead of to the defeat and overthrow, of the Jennerian doctrine and practice.

This is undeniably true, as to the popular confidence in Europe; for it may be safely averred, that the varioloid epidemics, especially those of Norwich and Edinburgh, have confirmed and established its credit with the inhabitants, who, while they have beheld the unusual spectacle of a vaccinated individual affected with a mild and modified variola, frequently met with a severer form of the disease in those who had previously undergone the natural or inoculated small-pox. Finding an invariable security neither from inoculation nor vaccination, they have learned to prefer the latter, as the most invariable and complete protection. The documents on the table teach us that the same results are to be expected from the exactly similar occurrences of the prevailing epidemic of this city.

While on this topic of exceptions, it may not be amiss to observe that there are many circumstances to be offered in explanation and excuse of this greatly augmented occurrence of modified small-pox. The history of the genuine disease is full of examples, showing its greater violence, prevalence and mortality at one time, or during one epidemic constitution, than another. In some seasons it was a mild and safe disease, if compared with its deadly ravages and infectiousness in others. Possibly, the rare appearance of varioloid eruptions, previously to the outbreaking of the Scottish epidemic, may have depended on the mildness of the antecedent constitution; and it is conceived that this supposition derives support from the exceeding great mortality of small-pox occurring in the unprotected since that period, and from the fact that secondary small-pox, or that taking place in persons who had previously been variolated, is infinitely more common and obvious, within the last fifteen years, than it has been in any equal previous duration: so common has this occurrence become, that some have imagined a new and undescribed disease, or have regarded it as an epidemic varicella: but without seeking in these phenomena the evidences of a new and unheard of epidemic, we may more rationally refer them to an augmented intensity and malignancy of the variolous miasma. Moreover, has not the precious boon of Jenner lost, by our familiarity with it, some degree of that almost sacred respect with which its inestimable worth ought to inspire the minds of physicians, who are its sole depositories? Did not a long impunity and uninterrupted enjoyment render us forgetful of the precepts of this momentous subject? Hundreds of persons have been vaccinated by those who were totally unqualified to judge of the genuine or faulty character of vaccina. Is there not a common disregard to the state of the skin and the other requisite provisions for its successful application? Do not three or four careless inspections of the vesicle commonly suffice for all attention and cautiousness; and as to the records of cases, what are they more than a loose charge in the day book, or a treacherous reminiscence of a long-forgotten and common event?

In addition to the above, we may cite the present condition of the vaccine virus in this country, every specimen of which is probably derived in line direct from original samples sent from Europe a quarter of a century ago. It is a very common and loud complaint that we do not communicate vaccine so readily and certainly as we could some years since; and one of our correspondents, Richard Harlan, M. D. suggests that this may be owing to a deterioration of the lymph. He recommends that it should be regenerated by resorting again to its original source.

Having already hinted at the sentiment which has found some degree of currency, viz. that the existing epidemic owes its rise to a poison different from genuine variola, we will, without entering into a discussion of the subject, remark that, from the documents before us, we remain convinced.

1. That the disease, when affecting persons not previously variolated or vaccinated, is the genuine small-pox of authors:

2. That in those who have previously had variola or vaccina, it is small-pox modified more or less, by the state of the constitution:

3. That modified small-pox, or varioloid, as it is commonly termed, may, as to symptoms, approximate indefinitely near to the clearly defined characters of genuine variola.

With regard to the average number of absolute exemptions from variolous influence obtained by the ordinary practice of vaccination, your committee cannot offer any positive information, for want of official documents. In France, more than two and a half millions of persons remained completely exempt during a lapse of thirteen years. And in this city, small-pox found not a single victim in the years 1812, 13, 14, 15, 20, 21, and 22.*

Our present population amounts to about 140,000 souls; and we infer, from the most careful inquiry we have been able to make, that 80,000 of these depend solely on vaccina for their protection against small-pox. One hundred persons died here with variola in the year 1827; and although the mortality bills contain no reports under the head of varioloid or modified small-pox; our documents show that ten persons are said to have died with variolous disease subsequent to vaccination, and that nine persons perished in the same way after previous small-pox. We will examine the pretensions of these cases in another place.

Drs. Mitchell and Bell, in their valuable communication on the epidemic of 1823–4, state that of 248 cases of the disease natural and modified, that came under their notice, 92 proved fatal; to wit, unprotected 85—previous small-pox 6—vaccinated 1. This table alone contains convincing proof of the efficacy of vaccination.

C. Comegys, Esq. President of the Board of Health, obligingly transmitted to us a table, (furnished by Mr. Jos. Pryor, Clerk to the Board,) of the cases of disease reported to the Board since their proclamation in April last.

From the 1st April to 31st December, 1827,	
Small-pox, - - - - - - - - - - - - -	181
Modified small-pox, - - - - - - - - - -	4
Variola, - - - - - - - - - - - - -	6
From 1st January, 1828 to 19th February,	
Small-pox, - - - - - - - - - - - - -	48
	239

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* Dr. Luder, of Altona, states that of 234,959 persons subjected to vaccination in Holstein, from the years 1801 to 1822, only two individuals had been affected with small-pox, so late as the year 1824; while in the same period of time, only one person had been attacked by modified small-pox, out of 147,605 who were vaccinated in the kingdom of Denmark.

From 1st April to 31st December, 1827, Varioloid,	124
From 1st January to 19th February, 1828, Do.	49
	173

The respective numbers are 177 and 235.

From the clerk's letter it will be seen, as above, that in obedience to the requisitions of the proclamation, there have been reported from the 1st of April, 1827 to the 19th of February, 1828, 412 cases of disease, under the several denominations of *small-pox, modified small-pox, variola,* and *varioloid:* but inasmuch as many practitioners have not reported their modified cases at all, and many persons have had it so lightly as to require no medical prescription, we are led to believe that about 1000 cases of the disease have occurred both under its genuine and mitigated aspect. Supposing then that 235 cases of genuine variola had occurred up to the 19th of last month, we have a balance of 765 cases, to place under the heads of small-pox subsequent to variola, and small-pox subsequent to vaccina. The committee will not attempt an estimate of the numbers appropriate to the two last divisions. They only suggest that at least 80,000 vaccinated persons inhabit this city. The ratio of the unprotected and variolated is not to be found.

We will now proceed to lay before the society an abstract of the several letters received in answer to our printed circular, viewing this as the means of communicating the liveliest idea of the actual state of professional sentiment here. In making this abstract many highly interesting details must of necessity be omitted, but it is conceived they will not be lost if securely placed in the archives.

Dr. **Atlee**, Sen. reports no case of genuine small-pox after successful vaccination; nor death from modified small-pox: but has witnessed one fatal case in an individual who had previously had inoculated small-pox.

Dr. **Atlee**, Jr. has seen only one case of genuine small-pox in a vaccinated subject. In this case the vaccination had been performed by a "highly distinguished practitioner now deceased," who was satisfied with the vaccine phenomena; but it is worthy of remark that Dr. Atlee found only a *dull white mark* instead of the cicatrix and foveolæ. Has witnessed no death from modified small-pox, nor a case of genuine variola after variola: but "I have seen severe cases of varioloid, after the contagion had been received in either way. None of these were fatal." Lastly, "My own personal observation," says Dr. Atlee, "has in no degree tended to weaken my confidence in vaccination, having tested its efficacy by exposing my own children, and some of my patients to small-pox of a fatal character with perfect impunity."

Dr. **W. D. Brinckle**, physician to the small-pox Hospital. "Believing that the lightest case of what has been termed varioloid, will produce small-pox in the unprotected, I must regard them as the same disease." Premising this explanation, Dr. B. informs us, that he has had under his personal notice 38 cases of small-pox subsequent to vaccination—some very violent and some exceedingly mild. What proportion of these would by other physicians have been called genuine small-pox, he is unable to say. Dr. B. remarks, that it would be difficult for him to determine whether vaccination had been *properly* performed in these cases. His information, showing that they had been vaccinated, was drawn from the patients, their friends, the cicatrix, and in one instance, the vaccinator, a gentleman to be relied on: where the cicatrix was wanting, the case was not considered as a vaccinated one.

Dr. B. states, that he has known no death from modified small-pox, and believes no such death has occurred: but has lost four patients with small-pox, taken after vaccination, viz. 1. Lewis Jackson, (coloured,) who was vaccinated in Boston 10 years ago, and was doing well until attacked by diarrhœa, which carried him off after being 17 days in the hospital. 2. Catharine Brown, (coloured,) vaccinated 8 years; doing well until an abortion with considerable uterine hæmorrhage took place, after which she grew worse and died, being 14 days in the hospital. 3. John Morris, (coloured,) and 4. Geo. Epply, (white man,) the former vaccinated 7, and the latter 14 years previously, were the other individuals. John Morris was 3 days, and George Epply 4 days in the hospital.

Dr. Brinckle further informs us, that he has had 14 cases of secondary small-pox, of which 12 occurred after previous inoculation, and two after previous natural small-pox. Two of these 14 died, to wit, James Pritchard and Spencer Jackson.

Dr. B. although he admits that the facts which have come under his "personal notice have tended in no small degree" to weaken his confidence in the "efficacy of vaccination as a preservative against the fatal effects of small-pox," yet would not have it inferred, that he is "prepared to abandon vaccination, or that its efficacy as a preservative against the fatal effects of small-pox is considered by me, (Dr. B.) as inferior to inoculation." "Most unequivocally do I avow my conviction, that vaccination is still to be preferred to inoculation." The result of his experience establishes him in the belief that "when the disease occurs in the vaccinated it is usually lighter than when it takes place in the inoculated."

In a second note he says, "I wish it to be distinctly understood, that until the occurrence of the present epidemic, I never *met with* a case of small-pox, (neither genuine nor modified,) subsequent to vaccination or variolation, although I had seen many of the vaccinated, and some of the variolated exposed to it. On hearing of cases of variola occurring after vaccina, I was therefore led to believe that the vaccination could not have been *properly* performed. But when personal observation convinced me that individuals who bore 'prima facie' evidence of having been *properly* variolated, could again have small-pox, the conviction was irresistible, that the same thing could *occasionally* happen after vaccination. Impressed with this belief, my confidence in vaccination is in one sense, and only in one sense, weakened. But my confidence in the prophylactic power of inoculation, as well as of natural variolation, has diminished in an equal, if not in a greater degree.

"Decidedly favourable, then, as I am to vaccination, I should really do injustice to the discovery of the immortal Jenner, were I to contend that a properly vaccinated individual could not under any circumstance be subsequently attacked by small-pox.

"To conclude—the result of my present conviction is, that when small-pox does not prevail with *unusual malignity* vaccination is a complete safeguard to the constitution. But when small-pox does prevail with *unusual malignity*, vaccination, to say the least of it, is still quite as effectual a preservative against the fatal effects of small-pox as variolation, whether naturally or artificially induced."

The following additional note will explain itself.

"*March* 8, 1828.

"GENTLEMEN,

"I understand a report is in circulation, that Dr. Physick's confidence in vaccination has for the last ten years been gradually diminishing. Knowing the report to be without foundation, I unhesitatingly assume the responsibility of stating most explicitly,

"1. That Dr. Physick's confidence in vaccination has not been diminishing for the last ten years.

"2. That Dr. Physick has as much confidence in vaccination now as he ever had.

"3. That, as an evidence of Dr. Physick's *confidence* in vaccination, he still continues to recommend it.

"I have the honour to be, Gentlemen,
"Very respectfully,
"Your obedient servant,
"W. D. BRINCKLE."

"Drs. MEIGS, COXE, and CONDIE,
"Committee from Medical Society."

Dr. HENRY BOND, in five years last past, has had two cases of small-pox after reputed vaccination. One of these was a boy eight years old, vaccinated four years before by a physician who had no record or remembrance of the fact; his arms had no cicatrix, and his friends were of the very lowest class. This patient died when the secondary fever supervened, of what appeared to be genuine small-pox. The second case described by Dr. Bond, from the early fall of the crusts, &c. seems to have been very much modified. His patient recovered. The committee consider these cases as not at all inconsistent with the assertions of Dr. B. that he has seen no case where there was danger of death or deformity in an individual who had been undoubtedly vaccinated. He states that he could cite numerous cases in proof of the protective efficacy of vaccination, but deems it unnecessary to do so.

Dr. JOHN BARNES relates his experience as having been derived from the occurrence of small-pox and varioloid disease, to the amount of between two and three hundred cases, and replies to the whole of our queries—*None.*

Dr. JOHN BELL has seen cases of eruptive disease, resembling small-pox in all essential particulars after vaccination; the evidence of this operation being derived from the scar, or the information of parents or friends: but he has seen no instance of death from the abovementioned cases. He has had no case of secondary small-pox during the present visitation. He refers to the four examples of this sort, of which a history has already been given in Mitchell and Bell's account of the small-pox of 1823–4. See the North Am. Med. and Surg. Journal, Nos. 1 and 2.

Although, of a given number of cases of small-pox after vaccination, he has seen more violent attacks this season than in the former epidemic: yet, on a review of the whole evidence, not inconsiderable, he can confidently assert that no facts have come under his personal notice, tending, in any degree, to weaken his confidence in the *efficacy* of vaccination as a preservative against the *fatal effects* of small-pox. Wherever the danger, (with one exception,) has been imminent, he has had good reasons to doubt if the vaccination was properly performed. In these doubtful cases, (which have all recovered,) the symptoms were such as in unequivocal small-pox would have augured a fatal termination.

Dr. FRANKLIN BACHE has seen no case of genuine small-pox occurring after vaccination or precedent variola, nor death from modified small-pox. To the sixth query he replies negatively.

JOHN R. COXE, M. D. Professor of Materia Medica in the University of Pennsylvania.—We have been favoured by this gentleman with a most interesting communication, in which we find abundance of both facts and arguments, to corroborate the testimony which he has precedently given on the subject of vaccination. Dr. Coxe may be regarded as the founder of vaccination in Pennsylvania.

"Twenty-six years," says he, "have just elapsed, since I first succeeded in introducing the vaccine disease into Philadelphia: a new generation has within that period sprung up, who owe their safety from the small-pox to the former disease. If we suppose the population of Philadelphia to amount only to 120,000, we shall probably not err in stating the vaccinated portion at one-half; we have had, in the period named, the small-pox several times amongst us; but, although the inoculation for that disease has been long suspended, except as a test after the vaccine, we have never seen it spread amongst that immense number who have been vaccinated! Is it possible to imagine that one-half of a city, like Philadelphia, could have so entirely escaped the ravages of an epidemic, if they had not securely opposed the egis of Jenner to that loathsome and dangerous disease? Where are the numerous vestiges, *now*, of its frightful ravages. It is now as *rare* to see a person disfigured from the small-pox, as it was *common* formerly." . . . . "It will, I think, be found, that the description of varioloid is very similar to that of many of the cases of small-pox as laid down by the old writers on the subject; and more particularly of some of those anomalous ones, which were apparent in almost every epidemic described. It is well to remember, that few physicians now living have ever witnessed such an epidemic; and our knowledge must be derived from a close comparison of our so called cases of varioloid with the accounts handed down to us by those who have witnessed small-pox in every shape and feature. Let such a comparison be strictly instituted between the accounts left us by Sydenham, Morton, and writers even preceding them, and those of varioloid and modified small-pox of the present period, and a strong analogy will be found to exist between them."

We will cite further, from professor Coxe's communication, the following:—

"There is perhaps no individual in the United States, probably in the world, who has a more undoubted right to question the assertions made against vaccination than one of the members of your committee. Himself, one of the earliest of those subjected to its influence, now upwards of 26 years of age, (he was,) immediately afterwards submitted to every possible means of variolous infection. Inoculated during a successive series of years, probably, at least fifty times by myself, and subsequently repeated by his own hands; he was likewise exposed for a considerable time, and held in the arms of an individual in the most malignant state of small-pox, not more than ten weeks after the termination of the vaccine.

"This, together with numerous other trials on the subject made with every possible care and precaution, many of which are detailed in my treatise on vaccination, published in 1802, fully satisfied my mind that the vaccine was entitled to every praise, as a preservative against small-pox, which had been ascribed to it by the illustrious Jenner." He proceeds to state that he has no reason to believe that any case that has thus come under his care has been affected subsequently with what is termed the varioloid. The committee regret that they cannot include the whole of this very interesting communication in their report. They hope it will be given to the public in a separate form.

Dr. D. **Theodore Coxe** has seen no genuine small-pox after vaccination, nor death from modified small-pox—has seen three cases of variola subsequent to inoculated variola. One, (an old black,) died. He does not feel assured that this man had ever been truly affected with the disease. His confidence in the protective efficacy of vaccine is complete.

Dr. **Comstock** reports that no facts have come under his notice which diminish his confidence in regard to vaccination.

Dr. D. **Francis Condie**, physician to out-door poor for the western district of Southwark, has seen a majority of the patients who have been sent from his district to the hospital, in addition to those occurring to him as physician to out-door poor, and in his private practice. Views the disease in the unprotected as genuine variola. States that such cases in 1823–4 very generally terminated fatally; but during the recent prevalence, such have for the major part recovered.

In the same neighbourhood and families with the above, many vaccinated and inoculated persons were affected with a modified disease, in which the eruption appeared sooner, was attended with less inflammation and milder constitutional symptoms: the course was completed in from five to ten days, giving evidence of no fetor, secondary fever or cicatrices.

In vaccinated persons this affection required little remedial treatment, and where Dr. C. had vaccinated the individuals himself, and was satisfied with its genuineness, their attacks were invariably mild, with few eruptions on the face, breast, and arms.

Cases of modified disease, subsequent to small-pox inoculated or natural, were more violent as to eruptions, inflammation, constitutional disturbance, and duration.

Dr. Condie has lost only one patient affected with secondary small-pox. The man was 35 æt. and bore in his face the marks of the antecedent attack, which had been sustained in his youth.

As to the protection derived from small-pox, the doctor thinks his personal experience warrants him in believing, that if not more liable to the disease a second time, those who have had it once are in "case of a re-attack certainly less fully protected from a fatal result than those who have undergone vaccination."

On the question of identity of the poison which produces variola and its modifications, he cites in proof of it the following cases. Mrs. Pritchett, a vaccinated person, severely attacked with the modified form on the 15th October, 1817—she was well in ten days. On the 19th idem, her daughter, 3 or 4 æt. and unvaccinated, was seized with small-pox, and on the 14th day died. A sister of Mrs. P. æt. 16, vaccinated, was also seized on the 19th, with the modified form. On the 1st of November, Mr. P. the husband, æt. 35, pitted with previous small-pox, was taken sick, and died on the 16th day. A few days after, Mr. P.'s son, æt. 10, unprotected, was attacked by natural small-pox, and died on the 10th day of the eruption. Dr. Condie's communication contains several other examples of similar scope and tendency. Our report will not admit of the details.

His own practice affords also very decisive proofs that the vaccine impression does not wear out or lose its protective efficacy by lapse of time, as he has seen the disease equally violent and equally mild at every period after vaccination, from a few days to twenty years.

Finally, he "conscientiously and deliberately" asserts that he knows no circumstance calculated to weaken his faith in the preservative efficacy of genuine vaccination against the fatal effects of small-pox.

Dr. E. **Jenner Coxe** has seen no case of genuine small-pox subsequent to vaccination or variolation, nor any death from modified small-pox. He regards vaccination as capable, when successful, "of imparting to the system a certain power capable of resisting an attack of *genuine* small-pox, or rendering a recovery from modified small-pox or varioloid absolutely certain."

Dr. B. H. **Coates** reports no unmodified cases after vaccination, but has seen numerous modified cases of various severity, yet none of them fatal. Has seen no case of any sort after variola. Experience has greatly confirmed his impressions as to the propriety of vaccination as a preventive of small-pox: all the cases he has witnessed being incomparably milder than mere variola.

W. P. **Dewees**, M. D. adjunct professor of midwifery in the University of Pennsylvania, has seen no genuine small-pox after vaccination, no death from modified small-pox, nor variola subsequent to inoculated small-pox. "Nor," continues the professor, "any thing tending in any degree to weaken my confidence in the efficacy of vaccination as a preservative against the fatal effects of small-pox."

Dr. W. B. **Duffield** has had many cases of small-pox after vaccination, all very mild, except one which was a very bad case, but recovered. The above had been all properly vaccinated. Has seen no death from "meliorated small-pox." Never knew a person to have small-pox twice. As regards the sixth question, "I say I have confidence in vaccination, though not of the same kind I had when it was first introduced, because I then believed that all who were properly vaccinated would be forever and entirely preserved from small-pox; this, however, I find not to be the case. I am nevertheless an advocate for vaccination."

Dr. S. **Emlen**, one of the physicians to the Pennsylvania Hospital, has seen no genuine small-pox after vaccination, during the recent occurrence of small-pox here. All his modified cases exceedingly mild, neither has he seen any secondary small-pox. Dr. E. never knew a fatal termination of varioloid; which, in those patients he had himself vaccinated, has been attended with indisposition as slight as accompanies the most trifling forms of eruptive disease. Says he should in fact have called them varicella, had not the source of the contagion been manifestly small-pox; in some instances the natural small-pox having been present in the house. The disease in children so circumstanced has exhibited great variety, from a simple rash up to the mildest form of variola.

Dr. **Benjamin Ellis** states that he has seen only one case of genuine small-pox after vaccination: the only evidence of the operation being derived from the girl herself, a negro—she recovered. No death from modified small-pox. A case of small-pox proved fatal in a boy in the year 1823; his mother said he had been regularly inoculated in Ireland. The eruption was confluent. Instead of any circumstances to weaken his confidence in vaccination, he has observed many that confirm his previous opinion of its superiority over every other preservative, and of its absolute power to modify and disarm small-pox of its fatal character.

Dr. S. M. **Fox** has seen cases of small-pox after vaccination, but very generally mild and modified; he felt satisfied from testimony, and the comparative mildness of the disease, that vaccination had been properly performed. This gentleman says, "one case of death has occurred under my personal notice from small-pox after vaccination: this was a case of confluent small-pox, the eruption flat, depressed, and of a very bad appearance, slight fetor was observed for a day: great soreness of the throat, difficulty of breathing and of deglutition, with stupor, were the symptoms of the latter period. This case terminated fatally on the 11th day. The patient had been vaccinated in childhood by a late physician of great eminence." Has seen no case subsequent to variola, but had seven patients of this class in 1823–4: "were said to have been inoculated:" one died: he had no scar from inoculation, but he and his friends were positive as to his inoculation. Dr. Fox thought it very doubtful. States that he considers vaccination as the best preservative we are possessed of against the fatal effects of small-pox.

Dr. L. P. **Gebhard** had a case of confluent small-pox in a female adult: had been vaccinated twenty years—but in consequence of the eruption, could discern no scar. She had no unpleasant odour nor pits—recovered. Is not sure as to her having been properly vaccinated, but thinks the case was somewhat modified. His confidence in vaccination remains undiminished.

Dr. **Richard Harlan**, one of the surgeons of the Philadelphia Alms-House, reports two cases of varioloid disease: one in a female, who insisted that she had sustained natural small-pox in infancy; it was severe, but not fatal. The second, (mild,) in a gentleman who had been undoubtedly inoculated. His cases of varioloid, after reputed vaccination, have all recovered. Never had varioloid in a patient vaccinated by himself. Has of late years experienced great difficulty in procuring successful results from the use of vaccine matter, although carefully selected. After failing eight or ten times, (with the crust,) has never failed in the first attempt with fresh lymph taken about the 8th day. Has seen no case of varioloid after vaccination, within 12 years of the vaccination. States his confidence in genuine vaccination as undiminished, but thinks the virus ought to be renovated by taking it again from the cow.

Dr. **Thomas T. Hewson**, one of the surgeons to the Pennsylvania Hospital, being charged with investigations on the subject of variola, &c. by another institution, (the College of Physicians,) only answers to the last query, that his confidence in the protective powers of vaccination remains undiminished.

Dr. R. M. Huston has seen no genuine small-pox after vaccination, nor death from modified small-pox. Two cases of small-pox after variola—none dead. His confidence in the vaccine protection confirmed.

Dr. W. S. Helmuth, vaccine physician for Moyamensing, has seen no genuine small-pox subsequent to vaccination. No death from modified small-pox. One case of genuine variola, after natural small-pox—the patient recovered. His confidence in vaccination confirmed by daily observation.

Dr. H. L. Hodge, one of the physicians to the Philadelphia Alms-House, has seen one case of "apparently genuine" small-pox after vaccination; the patient had a cicatrix from vaccination, but not well characterized. He has seen no fatal case of modified variola, no secondary small-pox, and notices the protective power of the Jennerian method, in rendering mild and gentle a disease which is destroying "one-half of its unprotected subjects." He considers vaccination as "far preferable" to inoculation under the most favourable circumstances.

Dr. W. E. Horner reports three instances of small-pox occurring after vaccination. The vaccination probably perfect, as Dr. H. cites a physician of great repute as the vaccinator in two, and in the third case there was a cicatrix. Has seen no fatal case of small-pox, and consequently, his confidence in the efficacy of vaccination, as a preservative from the fatal effects of small-pox, is not shaken by his private experience.

Dr. Isaac Heylin, early acquainted with the preservative powers of vaccination, having frequently subjected his patients to the test of inoculation, without in any case producing variola. He considers an effectual vaccination as equal in efficacy to inoculation or natural small-pox.

Dr. Thomas C. James, professor of midwifery in the University of Pennsylvania, has seen a few cases of mild small-pox after vaccination. The eruption ran through its stages more rapidly than in genuine variola: there was no peculiar odour and no secondary fever. In the cases above alluded to, he says, that vaccination was performed either by himself or by friends, in whom he places confidence; and that it was strictly satisfactory at the time. Has seen no death from modified small-pox: no case of small-pox after previous inoculated or natural small-pox. And finally, no case has come under his personal notice to weaken his confidence in the efficacy of vaccination as a preservative against the fatal effects of small-pox.

Dr. Harvey Klapp, vaccine physician for Southwark, saw a fatal case of small-pox subsequent to vaccination; the operation having been performed fifteen years before, as it was said. He also saw a fatal case of secondary small-pox, in which the patient died on the sixth day of the eruption. Has had another case after previous natural small-pox, but the person recovered. Says he has seen more cases of modified small-pox after vaccination, than after inoculation, owing to the greater number of vaccinated persons. The disease has occurred indifferently from three months to twenty years after the insertion of the vaccine virus. Remarks that he has seen only one case tending to weaken his confidence, and that one doubtful.

Dr. John K. Mitchell, one of the physicians to the Pennsylvania Hospital, refers us to Mitchell and Bell's paper, in the first and second numbers of the North American Medical and Surgical Journal, for an exposition of his opinions and the facts on which they are founded, and avers that his confidence in "vaccination has been confirmed by his subsequent experience." He prefers vaccination to inoculation, under all circumstances.

Dr. **George Mifflin** has seen no small-pox after vaccination; from modified small-pox no death, nor small-pox after variola. His confidence remains unshaken.

Dr. **Charles Mifflin** reports that no genuine small-pox, after vaccination or variola, has come under his personal notice; nor any case of fatal modified small-pox. No facts have come under his personal notice to weaken his confidence in the efficacy of vaccination, as a preservative against the fatal effects of small-pox.

Dr. **Thomas D. Mitchell**, of Frankford, notices the modified small-pox as it occurred at Frankford, in this vicinity, and refers to his essay published in the Medical Recorder, for 1822. His opinion as to the preservative efficacy of vaccination has not been in the least changed.

Dr. **John Wilson Moore** has seen a number of cases of small-pox subsequent to vaccination; some of a confluent character; in a few instances he could not discern that vaccination had exerted much, if any influence. Supposes generally that they had been well vaccinated. Three cases were mortal. One was a male, æt. 19, vaccinated when a lad, first seen on the 6th day of eruption, and he died on the third or fourth, of desiccation. This one occurred in 1824. In 1828, attended a female, æt. 18, who had been vaccinated when a child in the Pennsylvania Hospital, and, (so said the parents,) in a satisfactory manner. She had a cold when she was taken sick with the varioloid, and when the doctor saw her on the third day of the eruption, "she was labouring under a state of *pneumonia typhodes.*" She died two days afterwards, which was the fifth of the eruption. The last was in a coloured woman, æt. 22, vaccinated *in the country when a child.* Dr. M. saw her on the sixth or seventh day of the eruption; pock turned on the ninth, when she appeared to be doing well. Fever ensued, with delirium, and she died on the sixteenth day.

The same gentleman reports two cases of small-pox after inoculated variola, but no deaths under that head. His confidence is weakened—he early viewed it as an entire preventive of small-pox infection. He states that he knows of no death where there has been "professional assurance of satisfactory vaccination."

Dr. **Henry Neill** has seen one case of genuine small-pox after vaccination. No death from modified small-pox. Two cases of modified small-pox after precedent inoculated variola. Dr. N. informs us that having seen genuine small-pox after vaccination, and very alarming modified variola after inoculated small-pox, he supposes neither vaccination nor inoculation are *infallible preventives* of the fatal effects of our disease.

Dr. **John C. Otto**, one of the physicians to the Pennsylvania Hospital, has seen many cases of what is usually termed varioloid, which he regards as small-pox "mitigated by successful vaccination." The disease, though very generally mild, short, and safe, was, in a few persons, of a more severe character; not distinguishable from a very high grade of natural or inoculated small-pox, excepting in its shorter duration. They had confluent eruption, salivation, sore throat, swelling of the fauces, blindness from tumefaction of the face, and strongly marked secondary fever. There was also permanent pitting, and in one instance bloody urine. In these cases there could be no doubt of an antecedent genuine vaccination. These examples furnish no instance of a fatal termination. Dr. Otto, since he has been in practice, has had at least five persons affected with small-pox, who said they had had it before; in all of them several years had elapsed since the inoculation, and they had in the interval been exposed to the infection without taking it. When they took it at last, they knew not the source of the contagion.

These cases only occurred in years when small-pox was unusually general and malignant.

All the cases were dangerous, and one female died. She communicated the disease to her five vaccinated children, three of whom had it confluent—they all recovered.

Dr. Otto is not induced, from all he has witnessed, to relax in his efforts to disseminate vaccination as widely as possible. He recommends it exclusively to the patronage of the public.

Dr. **Ph. Peltz**, Jr. No case of genuine small-pox after vaccination, nor fatal modified small-pox. A few cases of genuine variola after inoculation, and a fatal one after natural small-pox. His confidence strengthened.

Dr. **J. Rodman Paul** relates the history of natural and of modified small-pox cases occurring in the family of John Havenstrite, of Philadelphia, which was composed of ten individuals; viz. three inoculated, four vaccinated, and three unprotected. Of the latter, two were twins two months old, and one about two years of age.

The disease first attacked a boy of twelve years æt. who had been vaccinated when an infant. It was a severe but modified case; recovered. The mother of the twins refused to have them vaccinated; they took the disease, and both perished. The other child was subjected to the vaccine influence which went on in its regular course until the thirteenth day, when he had accession of fever, followed by four or five varioloid pustules, requiring no treatment—he recovered.

The three vaccinated members of the family also had varioloid eruptions of a mild character. The mother who was inoculated suckled her twins; she had fever but no eruption for some days, when her nipples became sore, and a number of varioloid pustules appeared on the breast only. The other two inoculated persons escaped.

Dr. **Joseph Parrish**, one of the surgeons to the Pennsylvania Hospital, has seen two cases of small-pox after reputed vaccination, and both proved fatal. One of these cases is reported above by Dr. Fox. Dr. Parrish is unable to give any clear opinion as to the genuineness of the vaccination in the other case. Does not recollect ever having seen a fatal case of modified small-pox or rather varioloid. Has seen three cases of secondary small-pox, two of which were fatal. Two had been inoculated, and one had suffered natural small-pox. "My confidence," says he, "in vaccination as a preservative against the fatal effects of small-pox still continues firm—the few exceptions do not impair in my mind the efficacy of the general rule, and the same exceptions apply to inoculated and even natural small-pox. Hence as vaccination is entirely free from all risk of life, and from the power of communicating a fatal disease to others, I consider its superiority in every respect most decided."

Dr. **John Ryan** has seen no case of mortality from modified small-pox, and states his confidence in the prophylactic powers of vaccination, to be not in any degree weakened by his past experience.

Dr. **J. C. Rousseau** has seen no case of varioloid in any individual vaccinated by himself. No death from modified small-pox: has seen violent cases of secondary small-pox, but none mortal. His confidence is firmer than ever.

Dr. **Thomas Shivers**. No genuine variola subsequent to vaccination, but has had three cases in persons previously inoculated, one of whom died. Regards vaccination as the only secure prophylactic. As instances of the malignant nature of the prevailing small-pox, we will cite from Dr. S.'s letter to the committee, the following: "Of seven cases that I have had this season of natural small-pox in subjects who had neither been vaccinated or inoculated, *all have died;*" while of about forty cases in persons vaccinated, not one has perished.

Dr. **W. Shaw** informs the committee that he has seen no genuine small-pox after successful vaccination. Has vaccinated several thousands since the year 1802, and has heard of no instance of small-pox occurring in one of these subjects. No death from modified variola. Of two instances of small-pox occurring after inoculated variola neither proved fatal. His early experiments with genuine variolus matter, as a test for vaccination, established his conviction of its efficacy, and he still has the fullest faith in it.

Dr. Samuel Tucker. No case of genuine small-pox subsequent to vaccination, nor death from modified small-pox, or case of secondary small-pox has fallen under the notice of this gentleman, who informs us that nothing has occurred in his experience to weaken his confidence in the vaccine protection.

Dr. G. B. Wood. Out of twenty cases of varioloid after vaccination, *one* presented all the symptoms of genuine variola, with the exception that none of the peculiar odour was discernible. This patient had the scar, and said she was vaccinated when a child—recovered. No death from modified small-pox. Of three persons precedently inoculated, two had varioloid, and one genuine variola: the man, æt. thirty-five, and intemperate, died. Has seen in his own practice nothing that could justify an opinion that vaccination is not an effectual preservative against the fatal effects of small-pox.

Dr. John Wiltbank. J. P. a coloured man, æt. twenty-five, had pain in the head, breast, and side, dyspnœa, high vascular excitement, and all the symptoms of pleurisy. On his arm was a fine vaccine vesicle nine days old. This man was vaccinated on the Monday, seen on the Tuesday week following, when he was bled, blistered, and used diaphoretics. On that day a copious eruption of variola presented itself, which proved confluent, and he died on the fifth day. Dr. W. adds that the above case is the only one that he has seen, to diminish confidence in the protective efficacy of the vaccine disease.

Dr. Thomas H. Yardly, answering negatively to our queries, concludes with assurance of his reliance on vaccination as a protection against small-pox.

From the above condensed view of the testimony furnished to us by a very great number of highly respectable practitioners, the committee were tempted to trespass no further on your time by presenting additional observations, being persuaded that no candid mind could remain in doubt, either as to the value of vaccination as a prophylactic in the case under consideration, or as to the sentiments of the medical profession in this city towards it; but, although not one dissentient voice has been raised, it is deemed proper to make a few further remarks. And

1. These documents show that varioloid disease has attacked both variolated and vaccinated persons.

2. Of the whole number of variolated cases, say seven hundred and sixty-five, far the largest proportion occurred in vaccinated persons, a circumstance which, as a naked proposition, might tend to exalt the public confidence in inoculation at the expense of vaccination. Now, although we are unable to ascertain with any pretensions to preciseness the just allotment of the two orders of cases, enough has been said, to indicate that the susceptibility to *varioloid* is not very greatly different under both sorts of protection. It is highly probable that at least eighty thousand vaccinated persons reside in this city; while there are not more than twenty thousand, and probably even a smaller number of variolated persons; hence, on the supposition of an exactly equal susceptility, we ought to find four cases of varioloid after vaccine, to one case of the same affection subsequent to variola.

In the documents, ten deaths are reported as having occurred from small-pox subsequent to vaccination, while nine are cited as proofs of the failure of variola to protect the constitution. Let us examine a little the circumstances of the ten fatal cases, and we shall see if they can be fairly cited. For example, out of the four reported from the personal observation of Dr. Brinckle, one, Catherine Brown, was doing well until an abortion with uterine hæmorrhage took place, after which she changed for the worse and finally lost her life.

The cases of Epply and Morris, which were under treatment four and five days respectively, are liable to be questioned. No positive record is given of their having been vaccinated: the only assurance is derived from their own assertions. Even the case of Spencer Jackson, who died in the hospital seventeen days after his admission, is obnoxious to the same doubts, in consequence of its protracted duration. And it is easier to believe that all these individuals had undergone a spurious form of vaccine than that vaccine should have failed to protect them.

Dr. Bond's case is considered by him as extremely questionable. Dr. Fox's case may be admitted as an example of death from small-pox subsequent to vaccination. The known character of the eminent and conscientiously cautious individual who had vaccinated the unfortunate gentleman, forbids us to doubt that he considered his vaccination perfectly satisfactory, or that he could be mistaken in its character.

Dr. Klapp's case is stated by him to be doubtful. Of Dr. Moore's fatal cases only two occurred in 1827–8. The woman when taken sick was suffering under a cold, and was labouring under an attack of pneumonia typhodes when the Dr. saw her on the third day of the eruption: she died on the fifth day. The second woman died on the sixteenth day, of a secondary fever, which came on after the pock turned.

There will be no reason to charge the committee with want of candour if they reject both these examples of death from small-pox after reputed vaccination. The pneumonia typhodes has no necessary connexion with variola, and the woman's death ought rather to be charged on that terrific complication, than on an implied impotency of the vaccine. The second case from its long duration and other phenomena seems to have been an unmodified small-pox. No fatal case of modified small-pox has been adduced. In neither case is there furnished an authentic record of the vaccination—which ought therefore to be deemed hypothetical. Lastly, Dr. Wiltbank's case, occurring before the constitution had been modified by the maturity of the vaccine vesicle, proves nothing against its value and efficacy.

Thus we may, without the least want of candour, come to the conclusion that only one death from small-pox after vaccination has occurred in Philadelphia during the year 1827, among eighty thousand vaccinated persons and during the prevalence of a most malignant and mortal small-pox, while several individuals have lost their lives from small-pox after they had already gone once through the disease. It appears then clearly that vaccination ought to lose nothing of the public confidence; and, as a protection from the fatal effects of genuine small-pox, it may safely be asserted that it is in every sense to be preferred to inoculation.

Let the public be well informed with regard to the real degree of efficacy of the vaccine virus—let them be no longer told, it will positively shield them from the assault of small-pox in any shape and every instance. They will confide in it if we point them to the physicians who rely on it for the safety of their wives and children, and defended by "the egis of Jenner," walk unharmed themselves amidst the arrows of pestilence and death.

EDWARD JENNER COXE,
D. FRANCIS CONDIE,
CH. D. MEIGS.

The committee have received several communications, in reply to their queries, since the above report was finished; and they regret that the lateness of the period at which they arrived prevented their incorporation into the body of the report. The writers are Dr. W. Carll Brewster; Dr. J. Green; Dr. Joseph Hartshorne; Dr. B. S. Janney; Dr. Joseph G. Nancrede, vaccine physician for the city; Dr. O. H. Taylor; Dr. H. Walton; and Dr. J. Uhler, Jr.

We can only briefly state that they support by their communications the whole mass of the evidence given above. Their experience, (in some very considerable,) has not, in the least degree, tended to destroy their confidence in vaccination; whose preservative efficacy has been found sufficient, by a part of these gentlemen, to defend them from the contagion of small-pox, though repeatedly exposed to it in their professional intercourse with the sick. Their letters are submitted, with the rest of the documents, to the disposal of the society.